



Supplemental Life Insurance

Supplemental Life Insurance coverage is available to **eligible employees who work at least 17 ½ hours or more per week in a budgeted position** through The Hartford. If you request coverage after the initial offering, you will be required to complete an “Evidence of Insurability” (EOI) form in order to receive approval from The Hartford. You may also make changes to the amount of your coverage if you experience a qualifying life event. This protection can provide additional coverage to your CCPS group term program and any other life insurance coverage you may carry. You may elect to purchase in \$10,000 increments from a minimum of \$10,000 to a maximum of \$300,000.

Your Age	Rate per \$10,000 (per pay period)
Under 30	\$ 0.17
30 - 34	\$ 0.22
35 - 39	\$ 0.34
40 - 44	\$ 0.55
45 - 49	\$ 0.82
50 - 54	\$ 1.25
55 - 59	\$ 2.19
60 - 64	\$ 3.31
65 - 69	\$ 5.33
70 +	\$ 11.24

Dependent Coverage

In addition to your Supplemental Life enrollment you may also purchase additional coverage for your dependents. Dependent life insurance will provide a maximum of \$25,000 coverage for a spouse (not to exceed 100% of your basic and supplemental amount), and \$10,000 for each child (from 14 days of age to the age of 26).

If you and your spouse both work for CCPS, you cannot insure each other or cover your child(ren) under both policies.

**Dependent Supplemental Life Insurance
\$ 2.56 per pay**

When You Can Enroll

During the *FY2024 Open Enrollment* only, you may elect to purchase coverage in \$10,000 increments from a minimum of \$10,000 to a maximum of **\$300,000** without Evidence of Insurability (EOI).

What is the cost of the supplemental life insurance benefit?

Premiums for Supplemental Life Insurance are based on your age and the dollar amount of coverage. All premiums are deducted on a post-tax basis. If you are currently enrolled in supplemental life, you are not required to take any action during open enrollment, unless you wish to increase or decrease your coverage.

Calculate Your Life Insurance Cost Per Pay
Amount Elected:
\$ _____
÷ by \$ 10,000
\$ _____
× by the applicable rate above
\$ _____
Your cost per pay
\$ _____

Coverage Continuation After Employment

Your Supplemental Life Insurance is portable if you terminate your employment. You may elect to port your coverage within 31 days after your coverage terminates using the form(s) provided to you by the Benefits Office at the time of your retirement or when your employment with CCPS ends.